

*Library*

Keswick Urban District Council

# ANNUAL REPORT



of the  
Medical Officer of Health  
John Patterson, M.B., B.Ch., B.A.O., D.P.H.

---

FOR THE YEAR  
1959

---

Together with the Summary of Work  
of the Public Health Inspector



Keswick Urban District Council

---

# ANNUAL REPORT

of the

Medical Officer of Health

John Patterson, M.B., B.Ch., B.A.O., D.P.H.

---

FOR THE YEAR

1959

---

Together with the Summary of Work  
of the Public Health Inspector



# KESWICK URBAN DISTRICT COUNCIL

---

TO THE CHAIRMAN AND MEMBERS OF THE  
KESWICK URBAN DISTRICT COUNCIL

LADIES AND GENTLEMEN,

I have the honour to present my 6th Annual Report as Medical Officer of Health to the Keswick Urban District Council.

It is interesting to note the ages at which the deaths are occurring in this town. The fact that 80% of the deaths occurred after the age of 65 years only means that there is a greater proportion of the population in this age group at risk. It follows therefore that this section of the populace will require more and more services as time goes on. A first step in the increase of care to these persons is the proposal to provide single unit flatlets with communal facilities and help which can be called upon when required.

It should also be obvious that as the proportion of aged persons becomes greater, so the actual ages of these persons increase and with this comes a degree of physical handicap which will also need to be catered for. This can be done by adapting existing bungalows or building suitable new bungalows preferably in association with a group of flatlets with communal welfare facilities. It is gratifying to know that this authority is endeavouring to put these theories into practice.

For some time the Surveyor, Mr. Lusher, and myself have been worried about the efficiency of the sewage works. To bring it up to modern standards will cost a lot of money and take some time. This Council is to be congratulated on taking the decision to begin this work. I would like to record my thanks to Mr. Lusher and his staff for their help at all times and for the interest taken particularly in the Public Health side of the work.

To the Clerk and his staff and the members of the Council I would express my thanks for their co-operation, and kindness and courtesy at all times.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

*JOHN PATTERSON,*

*Medical Officer of Health.*

## STATISTICAL AND SOCIAL CONDITIONS OF THE AREA

Area (acres) : 1,272.

Registrar-General's estimate of resident population :

(mid-1958) — 4,680 ; (mid-1957) — 4,700.

Number of inhabited houses : 1,635.

Rateable Value : £65,278.

Sum represented by a Penny Rate : £262.

The Tables of Vital Statistics are set out below, showing birth rates, death rates and rates for maternal and infantile mortality.

Crude birth and death rates are corrected by means of an Area Comparability Factor supplied each year by the Registrar General. They allow for varying age and sex distribution of the population in different areas and enable comparisons to be made with figures for other areas.

This year the factor for births is 1.00 and for deaths 0.86. The total live births were 59, a decrease of 4 on 1958 but still the second highest rate for the last 5 years. This 59 corresponds to a birth rate of 12.8 (12.8 corrected) compared with 13.5 in 1958. As in 1958, 4 of the births were illegitimate.

There was one infant death, pneumonia at 5 months, which represents a rate of 17 per thousand live births compared with 32.0 in 1958. The national rate for 1959 is 22 per thousand live births.

The number of deaths at all ages was 92, an increase of 20 on 1958, which gives a death rate of 19.7 (16.9 corrected) compared with 15.4 (13.3 corrected).

The increase was in Heart Disease other than Coronary Heart Disease, an increase of 9, in Circulatory Disease—7, and in motor vehicle and other accidents—7. In Coronary Disease there was a decrease of 11 in males and 2 in females. This increase in deaths has a parallel in the increased age at death. Here 80% of all deaths were over the age of 65 years, 70% were between 65 and 85 years, over 50% were between 70 and 85 years and almost 65% were over the age of 70 years. There were no maternal deaths during the year.

Deaths from Cancer increased by 2 (from 10 to 12) over the previous year. Cancer of lung and bronchus fell from 4 to 2. The increase was in the age group 70-80 years. The death from Leukaemia was from Chronic Myeloid Leukaemia in a female aged 54 years. The death from Non-Respiratory Tuberculosis was disease of the spine in a female aged 82 years.

# VITAL STATISTICS

Population of the URBAN DISTRICT (mid-1959)—4,630.

## LIVE BIRTHS—

		Males	Females	Total	Grand Total	Rate per 1,000 pop. uncor- rected	cor- rected
1954	Legitimate	23	21	44			
	Illegitimate	0	0	0	44	9.2	9.2
1955	Legitimate	31	20	51			
	Illegitimate	0	1	1	52	10.9	10.9
1956	Legitimate	18	21	39			
	Illegitimate	0	1	1	40	8.5	8.5
1957	Legitimate	19	29	48			
	Illegitimate	1	1	2	50	10.6	10.6
1958	Legitimate	31	28	59			
	Illegitimate	3	1	4	63	13.5	13.5
1959	Legitimate	23	32	55			
	Illegitimate	1	3	4	59	12.8	12.8

## STILL BIRTHS—

		Males	Females	Total	Rate per 1,000 of Total Population	
1954	Legitimate	0	0	0		
	Illegitimate	0	0	0	0	0.0
1955	Legitimate	0	1	1		
	Illegitimate	0	0	0	1	0.21
1956	Legitimate	0	1	1		
	Illegitimate	0	0	0	1	0.21
1957	Legitimate	1	2	3		
	Illegitimate	0	0	0	3	0.64
1958	Legitimate	2	0	2		
	Illegitimate	0	0	0	2	0.42
1959	Legitimate	0	0	0		
	Illegitimate	0	0	0	0	0.0



# DEATHS—

Year	Males	Females	Total	Rate per 1,000 pop. uncorrected	Rate per 1,000 pop. corrected
1954	24	34	58	12.2	9.6
1955	26	39	65	13.6	10.7
1956	32	39	71	15.0	14.9
1957	30	33	63	13.4	11.5
1958	39	33	72	15.4	13.3
1959	50	42	92	19.7	16.9

# MATERNAL MORTALITY—

Year	Deaths	Rate per. 1,000 births
1954	0	0.0
1955	0	0.0
1956	0	0.0
1957	0	0.0
1958	0	0.0
1959	0	0.0

# INFANTILE MORTALITY RATES—

Year	Deaths of infants under 1 yr.	All infants per 1,000 live births	Legitimate infants per 1,000 live legitimate births	Illegitimate infants per 1,000 live illegitimate births
1954	0	0	0	0
1955	1	19	19	0
1956	1	25	25	0
1956	1	25	25	0
1957	0	0	0	0
1958	2	32	32	0
1959	1	17	18	0

# TUBERCULOSIS DEATH RATE—

Year	Pulmonary T.B. Deaths	Other T.B. Deaths	Total T.B. Deaths	Pulmonary T.B. death rate per 1,000 pop.	Total T.B. death rate per 1,000 pop.
1954	1	0	1	0.21	0.21
1955	0	0	0	0.0	0.0
1956	0	0	0	0.0	0.0
1957	0	1	1	0.0	0.21
1958	0	0	0	0.0	0.0
1959	0	1	1	0.0	0.21

TABLE OF COMPARATIVE RATES (uncorrected)—

**Birth Rate :**

	1954	1955	1956	1957	1958	1959
England and Wales	15.2	15.0	15.7	16.1	16.4	16.5
County of Cumberland	16.4	16.4	16.9	17.9	17.6	17.7
Urban Districts of Cumb.	17.5	16.7	17.5	18.8	18.0	17.9
Keswick Urban	9.2	10.9	8.5	10.6	13.5	12.8

**Death Rate :**

England and Wales	11.3	11.7	11.7	11.5	11.7	11.6
County of Cumberland	11.9	12.2	12.2	12.1	12.1	11.9
Urban Districts of Cumb.	11.4	12.2	12.3	12.2	12.6	12.6
Keswick Urban	12.2	13.6	15.0	13.4	15.4	19.7

**Infantile Mortality :**

England and Wales	25.5	24.9	23.8	23.0	22.5	22.0
County of Cumberland	27.6	28.4	30.4	26.4	28.1	21.09
Urban Districts of Cumb.	24.9	27.3	32.5	25.8	35.1	23.2
Keswick Urban	0.0	19.2	25.0	0.0	31.8	17.0



# CAUSES OF DEATH IN 1959

Causes of Death				Male	Female
All causes				50	42
1.	Tuberculosis, Respiratory	...	...	—	—
2.	Tuberculosis, Other	...	...	—	1
3.	Syphilitic Disease	...	...	—	—
4.	Diphtheria	...	...	—	—
5.	Whooping Cough	...	...	—	—
6.	Meningo-coccal infections	...	...	—	—
7.	Acute Poliomyelitis	...	...	—	—
8.	Measles	...	...	—	—
9.	Other infective and parasitic diseases	...	...	—	—
10.	Malignant Neoplasm, stomach	...	...	2	1
11.	„ „ lung, bronchus	...	...	1	1
12.	„ „ breast	...	...	—	—
13.	„ „ uterus	...	...	—	—
14.	Other Malignant and lymphatic neoplasms	...	...	5	2
15.	Leukaemia, aleukaemia	...	...	—	1
16.	Diabetes	...	...	—	—
17.	Vascular lesions of nervous system	...	...	8	9
18.	Coronary Disease, angina	...	...	5	7
19.	Hypertension with Heart Disease	...	...	—	—
20.	Other Heart Diseases	...	...	12	10
21.	Other circulatory diseases	...	...	2	—
22.	Influenza	...	...	1	—
23.	Pneumonia	...	...	1	—
24.	Bronchitis	...	...	2	—
25.	Other diseases of respiratory system	...	...	1	—
26.	Ulcer of stomach and duodenum	...	...	—	2
27.	Gastritis, enteritis and diarrhoea	...	...	—	—
28.	Nephritis and Nephrosis	...	...	—	—
29.	Hyperplasia of prostate	...	...	1	—
30.	Pregnancy, childbirth, abortion	...	...	—	—
31.	Congenital malformations	...	...	—	—
32.	Other defined and ill-defined diseases	...	...	3	5
33.	Motor Vehicle Accidents	...	...	4	1
34.	All other accidents	...	...	2	2
35.	Suicide	...	...	—	—
36.	Homicide and operations of war	...	...	—	—
Deaths of Infants under 1 year of age—Total				1	0

## INFANTILE MORTALITY

Deaths under one year showing varying causes and ages :—

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Lobar Pneumonia							1			1

## SENILE DEATH RATE

Age at Death		Males	Females	Total
65-70 years	...	10	5	15
70-75 years	...	7	9	16
75-80 years	...	8	10	18
80-85 years	...	9	6	15
85-90 years	...	3	5	8
90-95 years	...	2	0	2
Totals	...	39	35	74

Senile Death Rate 80% of total deaths (1958—70%).

## DEATHS FROM VIOLENCE

Cause		No of Deaths	% of all causes	Rate per 1,000 of population
Suicide	1958	0	0.0	0.0
	1959	0	0.0	0.0
Road Traffic	1958	1	1.4	0.21
Accidents	1959	5	5.4	1.08
Other Violence	1958	1	1.4	0.21
	1959	4	4.3	0.87
Total	1958	2	2.8	0.42
	1959	9	9.7	1.95

## DEATHS FROM CANCER

System	Site of Disease Primary Organ	Males	Females
Alimentary	Stomach	2	1
	Colon	1	1
Respiratory	Bronchus	0	1
	Lung	1	0
	Pharynx	1	0
Glandular	Ovary	0	1
Central Nervous Brain		2	0
Tegumental	Lip	1	0
TOTAL		8	4

Age at Death	Males	Females	Total
Between 50 and 60 years	0	1	1
Between 60 and 70 years	4	1	5
Between 70 and 80 years	3	2	5
80 years and upwards	1	0	1
Totals	8	4	12

Cancer Death Rate 2.6 per 1,000 population (1958—2.35 per 1,000 population).

Approximately 1 death in 8 was due to Cancer.

## INFECTIOUS DISEASES

The total number of cases of infectious disease notified in 1959 was 19. This included 15 cases of measles, one of scarlet fever, one respiratory and two non-respiratory cases of tuberculosis.

There were no notifications or deaths from Diphtheria, Poliomyelitis, Typhoid Fever, Puerperal Pyrexia, or of Food Poisoning.

### CASES ON THE TUBERCULOSIS REGISTER

	Males	Females	Totals
Pulmonary .. ..	14	13	27
Non-Pulmonary ..	1	8	9
	<hr/>	<hr/>	<hr/>
All Cases ..	15	21	36

## IMMUNISATION AND VACCINATION

### Smallpox

Age at Vaccination ..	-1	1	2-4	5-14	15+	Total
Primary Vaccination ..	26	—	—	3	4	33
Re-vaccination .. ..	—	—	—	1	3	4

These figures still leave much to be desired as regards the state of immunity of the infant population. It should be stressed that the primary vaccination is much safer in infancy than in adult life and with the increase in modern air travel particularly to such a tourist centre as Keswick there are dangers today which were not prevalent ten or fifteen years ago. A person can have been in contact with smallpox in Asia and in two days (without even feeling ill) be holidaying in Keswick. Even in this age of antibiotics, vaccination is still the only safeguard.

### Diphtheria

There has been a disquieting rise in Diphtheria notifications all over the nation in the last three or four years. Because of the degree of priority given to the poliomyelitis vaccination campaign, the boosting for diphtheria immunisation has had to take second place. At the time of writing the report, this is being proceeded with, but it should be pointed out that primary immunisation and booster doses could always be had on application at the clinic.

During the year 37 infants under 5 years of age completed a primary course of immunisation.

### Whooping Cough

As whooping cough is most dangerous in the early months of life it is essential that immunisation should begin at 6 to 8 weeks of age. The vaccine used today, if it does not actually prevent the disease, modifies it to a great degree and is really valuable.

During the year under review 19 infants under 5 years of age completed a course of three injections. Ideally this should be followed by a booster dose 18 months later.

These figures show a poor response by parents, concerning the welfare of young infants.



## **Poliomyelitis**

Vaccination against Poliomyelitis has continued to be offered to all up to the age of 25, and at the time of writing this report has been further extended up to 40 years of age. Also at this time the majority who at the end of 1959 had only had 2 injections have had the third one, so that of the pre-school and school aged population, about 75% are completely protected by three injections. Similarly, of the teen-age and young adult population (15 to 25 years of age) only about 60% are protected by the three injections.

Another way of looking at this picture is that about 20% of the pre-school and school aged population have not even tried to become protected by accepting this vaccine, and in the teen-age and young adult group this figure is almost 37%.

As the response to this vaccine by the infant is very poor until 10 months of age, every endeavour is made to immunise the expectant mother early in pregnancy, because she passes on her own immunity, to the baby, which will last about 10 months. The infant can then be immunised, meanwhile it has been having its other immunising procedures.

During the year 38 expectant mothers and consequently a similar number of babies were protected.

As in Diphtheria there is this thought to ponder. An immunised person may have been infected yet not show any symptoms or so few that no notice is taken of them and the disease not suspected. During this time he can be passing on the disease. Normally where the disease is suspected, unimmunised persons at risk can take precautions but if none are taken severe paralysis can result.

For this reason if no other, it would appear to be very important for the parents of immunised children to be themselves protected. At the moment of writing although vaccination is offered to this group the response has been negligible.

## **B.C.G. Vaccination (Tuberculosis)**

Mantoux skin testing, Mass Miniature Radiography and B.C.G. vaccination was continued in 1959, the age group concerned being those born in 1945. Of the 102 children in this age group attending schools in Keswick, 78 were tested (consent rate of 76%) and 17 (22%) were found to be positive reactors, i.e. to have been in contact with tuberculosis at some time or other. The remaining 61 were given B.C.G. vaccination, which was successful in all cases. The figure of 22% for positive reactors is much the same as last year and is about the average for the County as a whole. One year later all those given vaccination will be Mantoux skin tested again to determine if the immunity produced by the vaccination has been maintained. Of the 72 children given this vaccination last year (1958) 62 were so tested and found to be now positive (which is the desired effect caused by B.C.G. vaccination). The other 10 had left school, and, although arrangements were made to test them, they did not avail themselves of this check.

All these various procedures of immunisation and vaccination are offered to the public and may be had on application at the Local Authority's Clinic which is held at Bank Street every Thursday.

## **Non-Notifiable Infectious Diseases**

Although there was no severe epidemic of influenza, one death did occur which was attributable to this disease, a male aged 61 years.

## ACCIDENTAL DEATHS

Sex	Age	Type of Accident—Primary Cause of death
M	92	Broken leg due to fall on ice.
M	44	Run over by grit spreader at work.
M	42	Collision between Land Rover and Bus.
M	23	Do.
M	18	Do.
M	83	Broken leg due to fall in house.
F	67	Run over by Motor Cycle.
F	65	Accidental coal gas poisoning.
F	85	Asphyxia caused by fire.

# POLIOMYELITIS VACCINATION

As at 31st December, 1959.

Year of Birth	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950
Had Two Injections	2	26	25	13	16	18	15	9	5	4
Had Three Injections	—	4	13	17	17	21	24	30	44	46
TOTAL	2	30	38	30	33	39	39	39	49	50

Year of Birth	Expectant									
	1949	1948	1947	1946	1945	1944	1943	1942/43	Mothers	TOTAL
Had Two Injections	2	2	6	3	11	5	12	190	32	396
Had Three Injections	36	46	58	73	53	63	55	49	6	655
TOTAL	38	48	64	76	64	68	67	239	38	1051

# KESWICK URBAN DISTRICT COUNCIL

---

## TO THE CHAIRMAN AND MEMBERS OF THE KESWICK URBAN DISTRICT COUNCIL

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting for your consideration my 9th Annual Report on public health work carried out in my department, during the year ended 31st December, 1959.

This was a year in which several decisions of importance to the town were made.

Firstly, the Council instructed the Officials to prepare plans for the layout of part of the central area of Keswick to accommodate a large car park, a link road between Main Street and Heads Road, public conveniences and a block of 20 aged persons' flatlets with warden's accommodation and communal room, etc. This is likely to cost about £45,000. The provision of the aged persons' flatlets will meet an urgent housing demand. There is a greater percentage of aged persons in Keswick than in any other part of the County. Many of these people are living in houses far too large for their needs and there comes a time when they can not manage alone any longer. The aim of the Council flatlets will be to enable 20 of these people to stay in their own town in a small bed sitting room of their own with facilities to meet their friends and a warden on call in case of need. I think it is a work deserving of every encouragement.

The second important decision was the resolution to go ahead with the modernisation of the sewage works. For many years these works have been insufficient to treat efficiently the drainage of the town and as more and more of our rivers are being used for water supply purposes, it is an essential public health requirement that sewage works must not be allowed to pass polluted effluent into these rivers.

The third decision proved to be a more controversial matter and included plans for the provision by the Council of a municipal caravan site. There is no doubt that the caravan holiday is on the



increase and the Council felt that as facilities in the town must be provided, it is preferable that the site should be under the direct control of the local authority, properly laid out and maintained to a good standard. In the first instance the site is to be limited to about 40 caravans and the erection of a new toilet block containing water closets, lavatory basins with hot and cold water, showers, laundry facilities and incorporating two changing rooms for the use of the Football Club who will use the field during the playing season.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

*RALPH LUSHER,*

*Surveyor to the Council.*

# GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

## PUBLIC HEALTH STAFF

1. Part-time Medical Officer of Health.
2. One Public Health Inspector, Mr. Ralph Lusher, M.A.P.H.I.,  
M.Inst.H.E., being also the Surveyor and Water Engineer.

---

## SANITARY CIRCUMSTANCES OF THE AREA

---

### WATER SUPPLY

The very dry summer season brought its problems to many water undertakings. The ghylls from which the Council's water supply is taken reached a very low level but the supply continued to be adequate at all times and no steps had to be taken at any time to cut off the supply or even to reduce the pressure.

Chlorination was continued during the year.

38 samples of water were submitted for analysis during the year, 36 of which were regarded by the analyst as highly satisfactory.

The water is soft in character and lead pipes are not used owing to the liability of plumbo solvency. Copper service pipes are used throughout the district.

With the exception of 8 houses at High Briery, where there is a standpipe, all premises have a piped supply.

### DRAINAGE AND SEWERAGE

No major extension of the sewerage system was carried out but the Council asked the County Engineer to prepare a scheme for the modernisation of the Works. These works have been inadequate over a long period. It is hoped that the necessary works will be carried out as soon as possible.

### SCAVENGING AND REMOVAL OF REFUSE

2 Karrier Bantam refuse wagons are employed but one of these is used part time on other work.

Very few complaints are received and this service is generally satisfactory.

Refuse is disposed of by controlled tipping and a full time attendant is in charge of the refuse tip.

A Bristol Duplex Bulldozer was purchased during the year and this machine contributed greatly to the more efficient disposal of the refuse and enabled the soil covering to be more adequately maintained.

The salvage of paper and cardboard was continued during the year and comparative figures of sales in the past five years are as follows:—

1955.	92 tons sold for £800.
1956.	140 tons sold for £1,042.
1957.	139 tons sold for £996.
1958.	160 tons sold for £1,076.
1959.	152 tons sold for £968.

In addition, scrap iron, rags, woollens, and non-ferrous metals were sold to the value of £93.

## SANITARY INSPECTION OF THE DISTRICT

Summary supplied by the Public Health Inspector to the Medical Officer of Health, in pursuance of Article XIX of the Sanitary Officers' Order, 1926.

Premises inspected during the year .. .. .	325
Nuisances or defects discovered .. .. .	150
do. do. remedied after informal action.. .. .	125
do. do. remedied after statutory notice .. .. .	0
Housing Inspections under Public Health or Housing Acts ..	186
Factory Inspections .. .. .	9

### FACTORIES ACT, 1937

A total of 7 inspections were made by the Public Health Inspector and no defects were found. The following table shows the position in this district at the end of 1959:—

Premises	Number	Inspections	Defects Found	Written Notices	Defects Remedied	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authority	16	3	—	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	43	4	—	—	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	—	—	—	—	—	—
Totals .. .. .	59	7	—	—	—	—

(Section 1 refers to Cleanliness, 2 to overcrowding, 3 Temperature, 4 Ventilation, 6 Drainage of Floors, and 7 Sanitary Conveniences).

The above figures include 5 bakehouses.

Outworkers—Nil.

### SHOPS ACT, 1934

Periodic inspections were made by the Public Health Inspector. No action was taken during the year.

### PREVENTION OF DAMAGE BY PESTS ACT, 1949

The Council employees undertake treatment as recommended. The sewers were treated several times during the year and the refuse tip was treated 9 times. Treatments were also carried out at 10 private houses.



# HOUSING APPENDIX

## STATISTICS

### 1.—Inspection of Dwelling-houses during the year :—

1.	(a)	Total number of dwelling-houses inspected for defects (under Public Health or Housing Acts)	24
	(b)	Number of inspections made for the purpose ...	51
2.	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932) ... ..	0
	(b)	Number of Inspections made for the purpose ...	0
3.		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	0
4.		Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	17

2.—Remedy of defects during the year without service of Formal Notices: Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ... ..	14
--	----

## CARAVAN SITES

There were three licensed caravan sites in the district and these were inspected on many occasions.

## HOUSING

Six houses were built by private enterprise during 1959. No Council houses were built during the year.

Six applications were made for improvement Grants and Grants were made in each case.

The Council own a total of 345 houses and have recently acquired 20 small cottages which are situated in the development area behind Main Street. The officials were instructed to prepare plans for the layout of this development area to include a public car park, a link road between Main Street and Heads Road, new public conveniences and a block of 20 aged persons flatlets with communal and Wardens accommodation. Plans were also prepared for the modernisation of 5 cottages in Police Court Yard and an improvement grant in respect of this work was obtained from the Government.



# INSPECTION AND SUPERVISION OF FOOD

## Milk and Dairies

There were 14 registered milk retailers, six of these being producers and retailers in the Urban District.

Five licences have been issued for the selling of Designated Milk in the Keswick Urban District during 1959.

66 milk samples were submitted for the Methylene Blue Test. 60 of these samples were satisfactory and 6 did not pass the test.

## MEAT AND OTHER FOODS

There are no slaughter houses in the Urban District, all meat is transported from abattoirs outside the district.

The following is a brief summary of food stuffs for which certificates of unsoundness were issued by the Public Health Inspector.

338 lbs. cooked meat, 46 lbs. beef, 1 cwt. Jersey potatoes, 2 gallons orange juice, 6 ducks, total weight 30½ lbs., and 12 tins of various other foods. These food stuffs were removed by the refuse collectors and buried at the refuse tip.

BAKEHOUSES. — There are five in existence. As usual all these premises were periodically inspected.

ICE CREAM. — Registered premises for manufacture or sale . . . . 37.  
Registered premises for sale only . . . . . 28.

FOOD (Preparation and Manufacture) Premises.

Registered premises for the preparation and manufacture of foods—11.

## Food Hygiene Regulations

The work of inspection of food premises continued during the year and the improvements noted in last year's report were maintained.







Ferguson Bros. (Printers) Ltd., Keswick.